

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD12-0080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/15/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>CENTER FOR SOCIAL CHANGE, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3073 VISTA STREET, NE WASHINGTON, DC 20018</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 000	<b>INITIAL COMMENTS</b>  An initial licensure survey was conducted on October 15, 2008. Six female residents with varying degrees of disabilities reside in this Group Home for Mental Retarded People (GHMRP).  The findings of this survey were based on observation at the group home, interview with the direct care staff and the review of habilitation and administrative record to include the facility's incident management system.	I 000	<b>INITIAL RESPONSE</b>  On October 15, 2008, Center for Social Change took over 3073 Vista Street NE, a group home with six residents, to continue to provide them with residential services.	
I 082	<b>3503.10 BEDROOMS AND BATHROOMS</b>  Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting.  This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure that each bathroom was equipped with toilet tissue and paper towels, cups and a cup dispenser, and soap for hand washing.  The findings include:  Observations during the environmental walk-through on October 15, 2008, at approximately 12:45 PM, revealed the facility failed to have toilet tissue and paper towels, cups and a cup dispenser, and soap for hand washing in all bathrooms. Interview with the Program Director on the same day at approximately 1:15 PM, revealed the staff were scheduled to go shopping to purchase an adequate supply of the aforementioned items.	I 082	A Plan of Correction to this deficiency was completed on the same day. In each bathroom, toilet tissue, paper towels, cups and cup dispenser, and soap for hand washing were placed.  The agency will make sure that all residents' bathrooms will be equipped with toilet tissue, paper towel, cups and cup dispenser, soap for hand washing, and a mirror, in the future.	10.15.08  Ongoing

Health Regulation Administration

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

L20N11

If continuation sheet 1 of 7

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
HEALTH REGULATION ADMINISTRATION  
825 NORTH CAPITOL ST., N.E., 2ND FLOOR  
WASHINGTON, D.C. 20002

Received 11/20/08

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD12-0080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/15/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>CENTER FOR SOCIAL CHANGE, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3073 VISTA STREET, NE WASHINGTON, DC 20018</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 090	Continued From page 1	I 090		
I 090	<p><b>3504.1 HOUSEKEEPING</b></p> <p>The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.</p> <p>This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure that the residence was maintained in safe, clean, attractive and sanitary manner and free from an accumulation of dirt.</p> <p>The findings include:</p> <p>Internal</p> <ol style="list-style-type: none"> <li>1. There was no trash can in the kitchen.</li> <li>2. A large crack was observed on the wall in the medication room.</li> <li>3. The light fixtures in bedroom #4 and the adjacent dressing room was without any working lights fixtures.</li> <li>4. The floor in the adjacent dressing room floor was sunken and was bowed in the middle of the floor.</li> <li>5. The kitchen and dining room floors were damaged and in need of repair.</li> <li>6. The basement ceiling was observed with water damage.</li> <li>7. The basement floor area had a large crack in the concrete foundation.</li> </ol>	<p>I 090</p> <ol style="list-style-type: none"> <li>1. Trash can was purchased and is used in the kitchen.</li> <li>2. The cracked wall was repaired and painted.</li> <li>3. Light fixtures were repaired in bedroom #4 and in the adjacent dressing room.</li> <li>4. The floor in the dressing room adjacent to bedroom #4 has been repaired.</li> <li>5. The landlord has agreed to do the repairs on the kitchen floor by 2.15.09. Meanwhile, basic maintenance has been initiated to appropriately use the kitchen floor.</li> <li>6. Water damage to basement ceiling has been repaired.</li> <li>7. The crack in the basement floor has been repaired.</li> </ol>	<p>10.22.08</p> <p>10.17.08</p> <p>10.17.08</p> <p>11.05.08</p> <p>02.15.09</p> <p>11.04.08</p> <p>11.04.08</p>	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD12-0080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/15/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>CENTER FOR SOCIAL CHANGE, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3073 VISTA STREET, NE WASHINGTON, DC 20018</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 090	Continued From page 2  8. The freezer located in the basement did not have a thermometer.  External  The wheelchair ramp in the rear of the residence was observed to have several loose and warped planks at the end of the ramp. Additionally, the railing supports had missing nails.	I 090	A thermometer has been placed in the freezer located in the basement.  The wheelchair access ramp has been repaired and the loose and warped planks at the end of the ramp were fixed.	10.31.08  11.05.08
I 095	3504.6 HOUSEKEEPING  Each poison and caustic agent shall be stored in a locked cabinet and shall be out of direct reach of each resident.  This Statute is not met as evidenced by: Based on observation, the GHMRP failed to ensure that caustic agents were stored in a locked area.  The findings include:  Observation during an environmental walk-through on 10/15/08 at 12:40 PM revealed that laundry cleaning supplies (i.e. detergent, Clorox, etc.) were being stored in the laundry room unlocked.	I 095	A locked cabinet is in place where all poison and caustic agents are stored.    Laundry cleaning supplies are being stored in the laundry room, secured under lock and key.	10.16.08    10.16.08
I 160	3507.1 POLICIES AND PROCEDURES  Each GHMRP shall have on site a written manual describing the policies and procedures it will follow which shall be as detailed as is necessary to meet the needs of each resident served and provide guidance to each staff member.	I 160	The agency's Policy and Procedure Manual is available in the home.	10.16.08

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD12-0080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/15/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>CENTER FOR SOCIAL CHANGE, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3073 VISTA STREET, NE WASHINGTON, DC 20018</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 160	Continued From page 3  This Statute is not met as evidenced by: Based on interview and record the GHMRP failed to ensure that the agency policies and procedure manual was on site in order to detail as is necessary to meet the needs of each resident and to provide guidance to each staff member.  The finding includes:  On October 15, 2008 at approximately 10:55 AM, interview with the administrator and review of administrative records revealed that the agency's policy and procedure manual was not available for regulatory review.	I 160		
I 187	3508.5(d) ADMINISTRATIVE SUPPORT  Each GHMRP shall have an organization chart that shows the following:  (d) The lines of authority.  This Statute is not met as evidenced by: Based on interview and review of administrative records, the GHMRP failed to provide an organizational chart.  The finding includes:  On October 15, 2008 at approximately 11:45 AM, interview with the administrator and review of the administrative records failed to provide evidence of an organizational chart. According to the administrator, the organizational chart was included in the agency's policy and procedure manual that was not available for review.	I 187	The Agency Organizational Chart is in place in the Policy and Procedure Manual that has been made available in the home.	10.16.08
I 203	3509.3 PERSONNEL POLICIES	I 203		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD12-0080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/15/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>CENTER FOR SOCIAL CHANGE, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3073 VISTA STREET, NE WASHINGTON, DC 20018</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
I 203	Continued From page 4  Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter.  This Statute is not met as evidenced by: Based on personnel records review, the GHMRP failed to have on file at the beginning of employment job descriptions for all employees.  The finding includes:  Review of the personnel files conducted on 10/15/08 revealed that GHMRP failed to provide evidence of current signed job descriptions for eight (8) newly employed direct care staff. (Staff #1 - #8)	I 203	Each employee working in the home has signed a job description.	11.12.08	
I 206	3509.6 PERSONNEL POLICIES  Each employee, prior to employment and annually thereafter, shall provide a physician 's certification that a health inventory has been performed and that the employee 's health status would allow him or her to perform the required duties.  This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to ensure its staff received annual health screenings in the form and manner as required by this section.  The findings include:  Interview with the QMRP and review of the available personnel records on October 15, 2008 revealed the GHMRP failed to provide evidence	I 206	All staff will have a signed health certification.  All Clinical Consultants and Staff will have a health certification in his/her file.	12.14.08	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD12-0080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/15/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>CENTER FOR SOCIAL CHANGE, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3073 VISTA STREET, NE WASHINGTON, DC 20018</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
I 206	Continued From page 5  of physical examinations for the QMRP, the primary care physician, the medication nurse, and the Director of Nursing. In addition, there was no evidence of health certification's for eight direct care staff (Staff #1 - #8).	I 206			
I 274	3513.1(e) ADMINISTRATIVE RECORDS  Each GHMRP shall maintain for each authorized agency ' s inspection, at any time, the following administrative records:  (e) Signed agreements or contracts for professional services;  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence of a signed agreement or contract with each consultant providing professional services.  The findings include:  Interview with the Qualified Mental Retardation Professional and review of personnel records on 10/15/08 revealed no evidence that the GHMRP had entered into written agreements or contracts with the consulting physician, Medication Nurse, and Director of Nursing.	I 274	The Agency has instituted contractual agreements with a consulting physician and medication nurse. The Agency does not have a Director of Nursing, but does have a Medical Director who operates as a consultant.	11.15.08	
I 371	3519.2 EMERGENCIES  Each GHMRP shall maintain written documentation that each employee has been trained in carrying out the policies and procedures set forth in § 3519.1 of this section.  This Statute is not met as evidenced by: Based on interview and record review, the	I 371	Direct care staff have been trained on emergency policies and procedures.	11.13.08	

Health Regulation Administration  
STATE FORM